EXHIBIT B

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece; or on the front if space permits. 1. Article Addressed to: Barclays Bank, PLC Attn: Legal Department 200 Park Avenue	A Signature X
New York, NY 10166	3. Service Type (*) All Certified Mall (*) Express Mail Registered February Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007 0710	1
PS Form 3811, February 2004 Domestic Reh	um Receipt 102595-02-M-15